Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, December 14, 2022, at 12:30 PM*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. Videoconferencing access is also possible via Webex. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2622 464 1897; meeting password: 1234) to join the meeting. The ***Board of Managers HOMES*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Board of Managers HOMES*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

		PAGE	TIME (MIN)	PRESENTER(S)
I.	**Declare a Quorum Present/Call to Order/Mission Statement** ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity **Public Comments Regarding Agenda Items** *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			Chair
II.	**Consent Agenda**			
A.	Approve Minutes 2022-11-17 HOMES	2	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	8	3	Kyla Rankin
B.	Management and Finance Update	10	3	
C.	Governance Update	11	3	
D.	HRSA Compliance Manual Requirements: The Big 20	12	3	
E.	HRSA Compliance Manual Requirements - Chapter 16: Chapter 17: Budget	16	3	
F.	2023 Point in Time Count	22	3	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

Parkland

Approve Minutes 2022-11-17 HOMES

Parkland

MINUTES
Dallas County Hospital District Board of Managers

HOMES
November 17, 2022

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Thursday, November 17, 2022, scheduled for 12:30 p.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 12:30 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Reina Gonzalez, JD; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; and Lisa Sutter.

Board members Don O'Bannon, Esq; John Proctor; and Jeff Tillotson, JD, were not present.

Staff Present (via Webex and in-person) included:

Christina Mintner, SVP Population Health
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Felicia Miller, EVP & Chief Talent Officer (in-person)
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Kyla Rankin, HOMES Project Director (in-person)
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Roberto de la Cruz, EVP & Chief Clinical Officer (in-person)
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Vic Summers, SVP & Chief Audit Officer

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Consent Agenda

A. Approve Minutes 2022-10-26 HOMES

Todd Furniss, JD, motioned for the approval of the Consent Agenda. Farida Minner, RN, seconded the motion. The motion passed unanimously.

VI. Reports Requiring Deliberation(s) or Approval(s)

The Board received information for the following updates presented by HOMES Project Director Kyla Rankin.

A. Operations Update

Kyla Rankin first reported on HOMES' staffing. Three positions are filled: Driver, MPA, and Dental Assistant. For the first time in over a year, all driver positions are now filled. HOMES now has 2.5 FTEs posted. HOMES has participated in 13 Influenza Outreach Events and provided a total of 323 vaccines so far this year. The new sprinter unit also arrived which will assist with outreach and telehealth initiatives.

B. Management and Finance Update

Kyla Rankin shared that HOMES has seen 7,183 patients this year, 74% to the annual goal. Compared to FY21, HOMES is slightly ahead of total unduplicated patients.

C. Governance Update

The next HOMES Advisory Board meeting is Friday, December 2nd. It will be a joint Advisory Board meeting with Population Health.

D. HRSA Compliance Manual Requirements: The Big 20

Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements - Chapter 16: Billings and Collections

Kyla Rankin reviewed Chapter 16: Billings and Collections. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements. She referenced the HOMES policy which assures no patient are denied due to inability to pay and establishes a fee schedule to ensure compliance.

F. Employee Engagement

Kyla Rankin reviewed several employee engagement initiatives recently conducted with the HOMES employees.

I. Executive Session

At 12:35 p.m., the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

A. Performance Appraisal of HOMES Project Director: Kyla Rankin

The Board asked questions and received additional information regarding the above item.

Members of management in executive session attendance included:

Edmundo Castañeda, Fred Cerise, Christina Mintner, and Kyla Rankin

Chairwoman adjourned Executive Session and moved into Open Session at 12:45 p.m.

II. Action Items (Open Session)

A. Approve Performance Appraisal of HOMES Project Director: Kyla Rankin

The Chair presented the Performance Appraisal of HOMES Project Director: Kyla Rankin for approval.

Todd Furniss, JD, motioned to approve the Performance Appraisal of HOMES Project Director: Kyla Rankin. Farida Minner, RN, seconded the motion. The motion passed unanimously.

III. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:46 p.m.

SO RECORDED:

Marjorie D. Petty, JD Chair	Steve Roth, JD, MPH Assistant Secretary

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – December 2022

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- The Big 20
- HRSA Annual Training
- Housing Forward

Operational Updates

Posted:

- 1.0 FTE RN
- 1.0 FTE Peer Navigator
- 0.5 FTE Business Intelligence Specialist
- 1.0 FTE Social work

Operational Updates

- EPIC WISDOM
  - Dental EMR Platform
  - Go Live 12/5/22
- Outreach efforts
  - Feast of Sharing
  - World AIDS Day
- The Salvation Army-Pathways Forward
  - 49 patients to date
  - Up to 30 beds per month

Management & Finances – November

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	7696	9665	79%	92%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3466	2320	1146	49.4%	7277	4907	2307	48.3%
Expenses	$896,525	$581,617	($314,908)	-54.1%	$1,489,741	$1,189,986	($299,755)	-25.2%
Charges	$2,241,617	$1,995,171	$246,446	12.4%	$4,769,455	$4,219,065	$550,390	13.0%
Revenue	$5800				$12,000			
Commercial	$358				$583			
Medicaid	$3901				$7489			
Medicare	$1541				$3928			
FTE	57.21				57.50			
FTE - OT	0.67	1.35	.68	50.3%	1.04	1.81	0.77	42.6%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2022 to December 31, 2022

Governance

- Next HOMES Advisory Board Meeting:
  - February 13, 2023-12:00pm
  - Hybrid option available

The Big 20

The HRSA Compliance Manual has 21 chapters which cover 19 requirements in the four (4) areas:

1. Need
2. Services
3. Management & Finance
4. Governance
5. Annual training was added as a 20th requirement

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

HRSA Requirement	Description	Board Month
1. Needs Assessment (Ch. 3)	Demonstrates and documents the needs of its target population, updating its service area, when appropriate. Community Needs Assessment	September Every 3 years (2019)
2. Required & Additional Services (Ch. 4)	Provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.	August
3. Staffing (Ch. 5)	Maintains a core staff as necessary to carry out all required health services either directly or through arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged.	August
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	August
5. Coverage for Medical Emergencies During & After Hours (Ch. 7)	Provides professional coverage for medical emergencies during regularly scheduled hours and when the center is closed.	March
6. Hospital Admitting Privileges & Continuum of Care (Ch. 8)	Physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.	August and update as needed

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

7. Sliding Fee Discounts (Ch. 9)	A system is in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. • This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. • No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines. • No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.	Annually to align with Federal Poverty Guidelines
8. Quality Improvement/ Assurance Plan (Ch. 10)	A Quality Improvement/Quality Assurance (QI/QA) program is in place which includes clinical services and management, and confidentiality of patient records. The QI/QA program must include: • A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high-quality patient care; • periodic assessment of the appropriateness of the utilization of services, quality of services provided or proposed to be provided to individuals served by the health center; assessments shall: – be conducted by physicians or by other licensed health professionals under the supervision of physicians; – be based on the systematic collection and evaluation of patient records; and – identify and document the necessity for change in the provision of services by the health center where indicated.	Quarterly Metric Review: February or approval of annual UDS report August November December QAPI Policy: October
9. Key Management Staff (Ch. 11)	Maintains a fully staffed team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required.	September and update as needed
10. Contractual/Affiliation Agreements (Ch. 12)	Exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements.	October and ongoing
11. Collaborative Relationships (Ch. 14)	Makes effort to establish and maintain collaborative relationships with other health care providers, and health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers in the service area or provides an explanation for why such letter(s) of support cannot be obtained.	March and ongoing
12. Financial Management and Control Policies (Ch. 15)	Maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. An annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.	July

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

13. Billing and Collections (Ch. 16)	Systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.	November
14. Budget (Ch. 17)	Develops a budget that reflects the costs of operations, expenses, and revenues necessary to accomplish the service delivery plan, including the number of patients to be served.	HRSA approval
15. Program Monitoring & Data Reporting Systems (Ch. 18)	Have systems in place to accurately collect and organize data for program reporting and support management decision making.	March
16. Scope of Project	Maintains its funded scope of project (sites, services, service area, target population, and providers); including any increases based on recent grant awards.	Award notification & update as needed
17. Board Authority (Ch. 19)	Governing board maintains appropriate authority to oversee the operations of the center, including: • holding monthly meetings; • approval of the health center grant application and budget; • selection/dismissal and performance evaluation of the health center CEO; • selection of services to be provided and the health center hours of operations; • measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals and develop future plans for the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and establish policies for the health center.	December
18. Board Composition (Ch. 20)	Governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group represents the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically: • Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization. • The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. • No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.	December
19. Conflict of Interest Policy (Ch. 13)	Bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center. No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.	December
20. Annual Board Training	Annual training of governing board. New governing board members will be trained during board orientation.	December

For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
- Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604
- Grants Regulations: 45 CFR Part 74

HRSA Health Center Program Compliance Requirements – Chapter 17: Budget

Requirements

- Develop an annual budget
- Budget submitted to HRSA annually for approval

HRSA Health Center Program Compliance Requirements – Chapter 17: Budget

Demonstrating Compliance

- Budget submission
- Health Center Program award to include Budget and all other projected revenue sources
- Budget identifies projected costs to be supported by the Health Center Program award
- Costs from Non HRSA related activities conducted by the health center are not included in the budget

FY2023 Budget

BUDGET NARRATIVE			
FY2023 Grant #H80CS00039			
REVENUE	Year 3: Federal Request	Year 3: Non-Federal Resouces	Year 3 Total
SAC Grant Request	$3,618,018	$0	$3,618,018
Applicant Organization	$0	$4,684,912	$4,684,912
State Funds	$0	$0	$0
Local Funds	$0	$0	$0
Other Federal Funding	$0	$0	$0
Other Support	$0	$0	$0
Progam Income	$0	$150,013	$150,013
Total Revenue	**$3,618,018**	**$4,834,925**	**$8,452,943**

- Total HRSA financial support is $3,618,018

FY2023 Budget

BUDGET NARRATIVE			
FY23 Grant #H80CS00039			
EXPENSES	**Year 3: Federal Request**	**Year 3: Non-Federal Resouces**	**Year 3 Total**
Total Personnel	$ 2,317,490	$ 2,947,027	$ 5,264,517
Total Fringe Benefits	$ 560,833	$ 713,181	$ 1,274,013
Total Travel	$ 18,700	$ 21,038	$ 39,738
Total Supplies	$ 61,859	$ 202,606	$ 264,465
Total Contractual	$ 10,000	$ 26,000	$ 36,000
Total Other	$ 21,100	$ 85,800	$ 106,900
Indirect Charges	$ 628,037	$ 839,274	$ 1,467,311
TOTAL	**$3,618,019**	**$4,834,925**	**$8,452,944**

- HRSA budget aligns with HOMES annual budget

HRSA Health Center Program Compliance Requirements – Annual Training

- Receive federal award funds under the Health Center Program authorized by section 330 of the Public Health Service Act
- 330(h): Health Care for the Homeless Program Federally Qualified Health Center
- Compliance Manual is foundation for HRSA's eligibility & compliance-related determinations & review process for program
- Compliance Manual includes 21 chapters which cover 19 requirements in the four (4) areas:
  - Need
  - Services
  - Management & Finance
  - Governance
- Link to HRSA Compliance Manual: HRSA Compliance Manual

HRSA Health Center Program Compliance Requirements – Annual Training

- Current Funding: $6,823,769 (includes American Rescue Plan Act)
- Amount Requested Annually for 1/1/2020 to 12/31/2023*: $3,618,019
- Reporting & Application
  - Annual reporting: Due February 15 each year
  - Reporting requirements of supplemental funding awards or HRSA requirements
  - Continuing Competitive Grant: Every 3 years with a CHNA; September 15*
  - Federal Finance Report: April 30; Grants Management
  - Non-competing Continuation (NCC): Annual progress report
- Operational Site Visit: 14 to 18 months into new project period
  - All elements of compliance manual will be assessed
  - Chart review
  - Interviews

2023 Point in Time Count

- Requirement under Federal Law
- Extent of homelessness
- Changing trends
- Measure of their success in making homelessness rare, brief and nonrecurring

Save the date-Thursday, January 26, 2023

Questions?